



**Town of East Hampton
300 Pantigo Place – Suite 105
East Hampton, NY 11937**

**ARCHITECTURAL REVIEW BOARD
CONDITIONS OF APPROVAL SATISFIED & INSPECTION
REQUEST FORM**

Name on Architectural Review Board Determination

Tax Map Number 300 -

Property Address

Contact Information/Telephone – E-mail address

Project Approval Date

I have reviewed and fulfilled all of the Conditions of Approval as per a Architectural Review Board Resolution. I have attached a copy of said Resolution to this form.

Please certify that said conditions of approval have been met for the purposes of obtaining a:

a) Certificate of Occupancy ()

If an on-site inspection is required, an inspection fee in the form of a certified check or money order made payable to the Town of East Hampton is enclosed in the amount of \$175.00

Signature (Agent or Applicant)

DATE: _____